

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MM	70891	6/2/10
O.I.P.E. CLASSIFIER		21	6/10/10
FORMALITY REVIEW		16417	8-8-00
RESPONSE FORMALITY REVIEW		16417	8-30-10

INDEX OF CLAIMS

✓ Rejected
 - Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	10-3-00
2	✓	✓	10-3-00
3	✓	✓	10-3-00
4	✓	✓	10-3-00
5	✓	✓	10-3-00
6	✓	✓	10-3-00
7	✓	✓	10-3-00
8	✓	✓	10-3-00
9	✓	✓	10-3-00
10	✓	✓	10-3-00
11	✓	✓	10-3-00
12	✓	✓	10-3-00
13	✓	✓	10-3-00
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49	✓	✓	10-3-00
50	✓	✓	10-3-00

Claim	Final	Original	Date
51	✓	✓	10-3-00
52	✓	✓	10-3-00
53	✓	✓	10-3-00
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99	✓	✓	10-3-00
100	✓	✓	10-3-00

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
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